

families affected by ovarian cancer. Ovarian cancer is recognized as one of the nation's deadliest cancers. The five-year survival rate for ovarian cancer patients is 46 percent, while the ten-year survival rate is calculated to be as low as 39 percent. In 2009, it is estimated that more than 21,550 women will be diagnosed with ovarian cancer and 14,600 will die of the disease.

However, there is hope. If ovarian cancer is treated before it has spread outside the ovary, the five-year survival rate is an outstanding 93 percent.

Unfortunately, due to the lack of an effective early detection test, less than 20 percent of cases are found early enough to treat. Survival rates vary greatly depending on the stage of ovarian cancer at diagnosis. Women diagnosed at an early stage have a dramatically higher five-year survival rate than those diagnosed at a late stage. Since there are currently no effective screening tools for ovarian cancer, raising patient and health care provider awareness is crucial and the only way to help women recognize potential warning signs that can extend and improve their lives.

To this end, I urge my colleagues and their staff to join me in recognizing September as National Ovarian Cancer Awareness Month. This is an important time during which the ovarian cancer community will be helping to increase awareness of the disease and its symptoms, as well as support research to improve treatments and the development of a desperately needed screening test. September 4th is recognized as "Teal Day", a day on which everyone is encouraged to wear teal to raise awareness of ovarian cancer and its symptoms, much like pink is worn to do the same for breast cancer. Teal Day is an excellent opportunity to increase public knowledge about this disease.

I commend the Ovarian Cancer National Alliance and other groups like it for their unwavering commitment to make women aware of ovarian cancer symptoms and for their advocacy on behalf of women and families touched by this devastating disease. More must be done to identify ovarian cancer at its earliest and most treatable stage.

#### DEMOCRATS' GOVERNMENT INTRUSION INTO PRIVATE HEALTH CARE

#### HON. HOWARD P. "BUCK" McKEON

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 28, 2009*

Mr. McKEON. Madam Speaker, I rise in opposition to the Democrats' government takeover of our Nation's health care system. This new vision of health care in America is not something the American people can embrace. A bill allowing for government intrusion into the most private matters of our lives can never be justified. Let me share a couple of examples:

Imagine you are 65 years old and you go in for your annual checkup. You are in fine health and you are expecting to hear that everything is fine. Instead, your doctor is required by unelected government bureaucrats

to tell you of the proper way to wind down your life and enter hospice care. You may be in perfect health, but the government entered your conversation with you and your doctor and determined that you should really be preparing for the end of your life. This is just one single intrusion on page 424 of this thousand-page bill.

Another example of government intrusion? How about the millions of seniors who may lose their choice of coverage when the government steps in and pares back the Medicare Advantage program? The \$162 billion in cuts proposed by the Democrat majority will result in the loss of health care choices for rural Californians in my district. That's just another government intrusion on page 331 of this 1,000-plus-page bill.

Madam Speaker, this bill injects government into all of our private health care decisions, and drives the deficit up by trillions of dollars, passing on mountains of debt and a ruined health care system to our children and grandchildren. Let's take the time to read this bill and give the American people the opportunity to learn how much this is going to impact their lives every day.

#### ENHANCED EDUCATION AND TRAINING FOR PROVIDERS

#### HON. PATRICK J. KENNEDY

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 28, 2009*

Mr. KENNEDY. Madam Speaker, the America's Affordable Health Choices Act of 2009 vitally enhances the provision of mental health care in our nation. Perhaps most importantly, the legislation includes mental health and substance-use disorders benefits in the essential benefits package. It is because of the precedent set by the mental health parity law, fortifying the civil rights of those with mental illnesses, which lead to the clear recognition by the bill that optimal health cannot be achieved without the inclusion of mental health and substance-use disorder services. I am pleased to have worked with the Committees to have accomplished this victory.

This bill also bolsters the provision of primary care in our country, and in particular prevention. However, if mental health and substance-use disorders are to be included as an essential benefit, we need to be sure that our Nation's physicians, both primary care doctors and specialists, have the behavioral health training and education necessary for them to meet these new provisions. Current medical education, and in particular continuing medical education, does not include enough behavioral health components for physicians to adequately meet the mental health needs of their patients. Substance-use disorder education in particular is rarely offered as a separate component of education, leading medical school graduates with a lack of confidence in their skills to screen, assess, or provide the needed interventions to their patients, according to the 2005 National Academy of Sciences' Institute of Medicine (IOM) Improving the Quality of Health Care for Mental and Substance-Use Conditions report. This report also found that even in preventative medicine, most sub-

stance-use education focused solely on tobacco.

The recommendations from this report were so essential for the health of our Nation that I developed legislation based on them—the Improving the Quality of Mental and Substance Use Health Care Act. These issues are now more pertinent than ever as we craft a reform of the current system which will greatly increase the access to mental health care for Americans. Sadly, a recent study showed that barely a third of Americans with mental illness get proper treatment, and that most people who do get care obtain it through their care from primary care physicians. Yet about two-thirds of U.S. primary care physicians reported in 2004–05 that they could not get outpatient mental health services for their patients—a rate that was at least twice as high as for other services, according to the Commonwealth Fund. It is more crucial now than ever that physicians receive the proper behavioral health training—we cannot increase access without arming our workforce with the tools needed to meet this challenge. I therefore respectfully ask the Committees' and my colleagues to ensure that this essential education and training is included in the workforce and education enhancements sections of this bill.

#### EARMARK DECLARATION

#### HON. THOMAS E. PETRI

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 28, 2009*

Mr. PETRI. Madam Speaker, pursuant to the Republican Leadership standards on earmarks, I am submitting the following information regarding earmarks I received as part of H.R. 3326, Department of Defense Appropriations Act, 2010:

Requesting Member: Hon. THOMAS E. PETRI  
Bill Number: H.R. 3326

Account: Department of Defense: Operations and Maintenance, Army (OM, A)

Legal Name of Requesting Entity: Department of Defense

Address of Requesting Entity: 1400 Defense Pentagon, Washington, DC 20301–1400

Description of Request: The \$4,500,000 appropriation will be used by the Department of Defense to purchase Light Weight Tactical Utility Vehicles. This vehicle will be manufactured at John Deere Horicon Works in Horicon, Wisconsin. The Light Weight Tactical Utility Vehicle, better known as the M-Gator, is a rugged, air-droppable, highly mobile diesel-powered tactical vehicle to expedite casualty evacuation and resupply activities. They have been heavily utilized during Operation Iraqi Freedom and Operation Enduring Freedom. The M-Gator has proven to be a key asset to our troops around the world in support of the Global War on Terror and provides a unique capability that does not exist in the Army equipment inventory. M-Gators fill critical equipment shortages in Infantry, Aviation, Military Police, Combat and Field Service Hospitals, Special Operations, and other Combat Support and Combat Service Support units. The M-Gator enjoys an enviable reputation because of its ruggedness, load-carrying capability, and reliability.